Numer Case 17-03283 LTS Doc#:12029 D Filed 03/03/20 Entered:03/04/20 14:38:08 Exhibit Page 1 of 6 Franklin Rivera Ruiz

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INFORMATION REQUESTED

Instructions

S DISTRICT COURT Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email PRClaimsInfo@primeclerk.com_or by mail or hand delivery to the following addresseses:

f Puerto Rico Supplemental

First Class Mail	Hand Delivery
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

- 1. What is the basis of your claim?
 - A pending or closed legal action with or against the Puerto Rican government
 - Current or former employment with the Government of Puerto Rico
 - Other (Provide as much detail as possible below. Attach additional pages if needed.)

			r claim (how much			
1	ey 164 (Soiluiss	003)\$100.00	mensuales	(10,800	(apron

- Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?
 - No. Please continue to Question 4.
 - Yes. Answer Questions 3(a)-(d).
- 3(a). Identify the specific agency or department where you were or are employed: de Accidento y Ulbo

3(b). Identify the dates of your employment related to your claim:
3(c). Last four digits of your social security number: 8865
3(d). What is the nature of your employment claims (select all applicable):
 Pension
🕱 Unpaid Wages
□ Sick Days
□ Union Grievance
□ Vacation
Other (Provide as much detail as possible. Attach additional pages if necessary).
4. <u>Legal Action</u> . Does your claim relate to a pending or closed legal action?
□ No.
Yes. Answer Questions 4(a)-(f).
4(a). Identify the department or agency that is a party to the action. Autoridad de Acuade to y Alconter. 16 do
4(b). Identify the name and address of the court or agency where the action is pending:
Triboni de Distrito de Estados Unidos raca en Distrito de PT
4(c). Case number: 17-632 83
4(d). Title, Caption, or Name of Case: Ley Pomes
4(e). Status of the case (pending, on appeal, or concluded): Pendiente de resolucion
4(f). Do you have an unpaid judgment? Yes / No (Circle one)
If yes, what is the date and amount of the indoment?

Nome Case: 17-03283-17TS Doc#:12029-18 Fifed: 03/03/20 Entered: 03/04/20 14:38:08 Desc: Exhibit Page 3 of 6

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INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
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New York, NY 10163-4708

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Information Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Questionnaire

- 1. What is the basis of your claim?
 - A pending or closed legal action with or against the Puerto Rican government
 - Current or former employment with the Government of Puerto Rico
 - Other (Provide as much detail as possible below. Attach additional pages if needed.)

2.	What is the amount of your claim (how much money do you claim to be owed):	
1	ey 89 netrobucios unitorme vigente teb 92-\$60.00 (87200	100.0
3.	Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?	blox)

- □ No. Please continue to Question 4.
- □ Yes. Answer Questions 3(a)-(d).
- 3(a). Identify the specific agency or department where you were or are employed:

3(b).	Ider	atify the dates of your employment related to your claim:
3(c).	Last	four digits of your social security number: 8865
3(d).	Wha	at is the nature of your employment claims (select all applicable):
		Pension
	'	Unpaid Wages
		Sick Days
	0	Union Grievance
		Vacation
	D	Other (Provide as much detail as possible. Attach additional pages if necessary).
o	N	Action. Does your claim relate to a pending or closed legal action?
K		es. Answer Questions 4(a)-(f).
4(a).	Iden	tify the department or agency that is a party to the action. 1 by 1 dod de loveducto y Mccnter 1 do
	Iden	tify the name and address of the court or agency where the action is pending:
4(c).	Case	number: 17-03283
4(d).	Title	, Caption, or Name of Case: Ley Promes del 12 1010 1979
4(e).	Statu	s of the case (pending, on appeal, or concluded) and entere de resolucion
		ou have an unpaid judgment? Yes No (Circle one)
I	f yes	, what is the date and amount of the judgment?

Case:17-03283-LTS Doc#:12029-1 Filed:03/03/20 Entered:03/04/20 14:38:08 Franklin Kivera Kviz Exhibit Page 5 of 6

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INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

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Questionnaire

- 1. What is the basis of your claim?
 - A pending or closed legal action with or against the Puerto Rican government
 - Current or former employment with the Government of Puerto Rico
 - Other (Provide as much detail as possible below. Attach additional pages if needed.)

2.	What is the amount of your claim (how m	puch money do you claim to	be owed):	
	Ley 96 1 julio 2002 -	\$100 mensiales	(12,000 Opro)	
	Employment. Does your claim relate to c			. /

- the Government of Puerto Rico?
 - No. Please continue to Question 4.
 - Yes. Answer Questions 3(a)-(d).
- 3(a). Identify the specific agency or department where you were or are employed:

3(b). Identify the dates of your employment related to your claim:
3(c). Last four digits of your social security number: 8865
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Pension
ya Unpaid Wages
□ Sick Days
□ Union Grievance
 Vacation
Other (Provide as much detail as possible. Attach additional pages if necessary).
4. <u>Legal Action</u> . Does your claim relate to a pending or closed legal action?
□ No.
Yes. Answer Questions 4(a)-(f).
4(a). Identify the department or agency that is a party to the action.
4(b). Identify the name and address of the court or agency where the action is pending: Tribonal de Distrito de Estados Unidos Quo al Distrito de
4(c). Case number: 17-03283
4(d). Title, Caption, or Name of Case: Ley 96 1 1010 2002
4(e). Status of the case (pending, on appeal, or concluded): Yerdiente de Kesducion
4(f). Do you have an unpaid judgment? Yes No (Circle one)
If yes, what is the date and amount of the judgment?